TennCare Companion Guide

837 Health Care Claim : Professional V5010X222A1

Version: 1.0 Final

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Company:	**Bureau of TennCare**
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Trading Partner:	**Cross Over**
Notes:	

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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Health Care Claim : Professional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required
LOOP ID - 1000A					**1**	**N1/0200L**	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					**1**	**N1/0200L**	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP ID - 2010AA					**1**	**N2/0150L**	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	O	1			Required
0350	REF	Billing Provider UPIN/License Information	O	2			Situational
0400	PER	Billing Provider Contact Information	O	2			Situational

LOOP ID - 2010AB						1	N2/0150L	
0150	NM1	Pay-to Address Name	O	1			N2/0150	Situational
0250	N3	Pay-To Address - ADDRESS	O	1				Required
0300	N4	Pay-to Address City, State, ZIP Code	O	1				Required

LOOP ID - 2010AC						1	N2/0150L	
0150	NM1	Pay-To Plan Name	O	1			N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1				Required
0300	N4	Pay-To Plan City, State, ZIP Code	O	1				Required
0350	REF	Pay-To Plan Secondary Identification	O	1				Situational
0350	REF	Pay-To Plan Tax Identification Number	O	1				Required

LOOP ID - 2000B						>1		
0010	HL	Subscriber Hierarchical Level	M	1				Required
0050	SBR	Subscriber Information	O	1				Required
0070	PAT	Patient Information	O	1				Situational

LOOP ID - 2010BA						1	N2/0150L	
0150	NM1	Subscriber Name	O	1			N2/0150	Required
0250	N3	Subscriber Address	O	1				Situational
0300	N4	Subscriber City, State, ZIP Code	O	1				Situational
0320	DMG	Subscriber Demographic Information	O	1				Situational
0350	REF	Subscriber Secondary Identification	O	1				Situational
0350	REF	Property and Casualty Claim Number	O	1				Situational
0400	PER	Property and Casualty Subscriber Contact Information	O	1				Situational

LOOP ID - 2010BB						1	N2/0150L	
0150	NM1	Payer Name	O	1			N2/0150	Required
0250	N3	Payer Address	O	1				Situational
0300	N4	Payer City, State, ZIP Code	O	1				Situational
0350	REF	Payer Secondary Identification	O	3				Situational
0350	REF	Billing Provider Secondary Identification	O	2				Situational

LOOP ID - 2300						100		
1300	CLM	Claim Information	O	1				Required
1350	DTP	Date - Onset of Current Illness or Symptom	O	1				Situational
1350	DTP	Date - Initial Treatment Date	O	1				Situational
1350	DTP	Date - Last Seen Date	O	1				Situational
1350	DTP	Date - Acute Manifestation	O	1				Situational
1350	DTP	Date - Accident	O	1				Situational
1350	DTP	Date - Last Menstrual Period	O	1				Situational
1350	DTP	Date - Last X-ray Date	O	1				Situational
1350	DTP	Date - Hearing and Vision Prescription Date	O	1				Situational
1350	DTP	Date - Disability Dates	O	1				Situational
1350	DTP	Date - Last Worked	O	1				Situational
1350	DTP	Date - Authorized Return to	O	1				Situational

		Work					
1350	DTP	Date - Admission	O	1			Situational
1350	DTP	Date - Discharge	O	1			Situational
1350	DTP	Date - Assumed and Relinquished Care Dates	O	2			Situational
1350	DTP	Property and Casualty Date of First Contact	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1			Situational
1800	REF	Mammography Certification Number	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	O	1			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Care Plan Oversight	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	1			Situational
1950	CR1	Ambulance Transport Information	O	1		N2/1950	Situational
2000	CR2	Spinal Manipulation Service Information	O	1			Situational
2200	CRC	Ambulance Certification	O	3			Situational
2200	CRC	Patient Condition Information: Vision	O	3			Situational
2200	CRC	Homebound Indicator	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Health Care Diagnosis Code	O	1			Required
2310	HI	Anesthesia Related Procedure	O	1			Situational
2310	HI	Condition Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing Information	O	1			Situational
LOOP ID - 2310A					2	N2/2500L	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational
LOOP ID - 2310B					1	N2/2500L	

2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1			Situational
2710	REF	Rendering Provider Secondary Identification	O	4			Situational

LOOP ID - 2310C					**1**	**N2/2500L**	
2500	NM1	Service Facility Location Name	O	1		N2/2500	Situational
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City, State, ZIP Code	O	1			Required
2710	REF	Service Facility Location Secondary Identification	O	3			Situational
2750	PER	Service Facility Contact Information	O	1			Situational

LOOP ID - 2310D					**1**	**N2/2500L**	
2500	NM1	Supervising Provider Name	O	1		N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4			Situational

LOOP ID - 2310E					**1**	**N2/2500L**	
2500	NM1	Ambulance Pick-up Location	O	1		N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	O	1			Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	O	1			Required

LOOP ID - 2310F					**1**	**N2/2500L**	
2500	NM1	Ambulance Drop-off Location	O	1		N2/2500	Situational
2650	N3	Ambulance Drop-off Location Address	O	1			Required
2700	N4	Ambulance Drop-off Location City, State, Zip Code	O	1			Required

LOOP ID - 2320					**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3200	MOA	Outpatient Adjudication Information	O	1			Situational

LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City, State, ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Identification	O	1			Situational

LOOP ID - 2330B					**1**	**N2/3250L**	

3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State, ZIP Code	O	1			Situational
3500	DTP	Claim Check or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational

LOOP ID - 2330C				**2**		**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required

LOOP ID - 2330D				**1**		**N2/3250L**	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3			Required

LOOP ID - 2330E				**1**		**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required

LOOP ID - 2330F				**1**		**N2/3250L**	
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3			Required

LOOP ID - 2330G				**1**		**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2			Required

LOOP ID - 2400				**50**		**N2/3650L**	
3650	LX	Service Line Number	O	1		N2/3650	Required
3700	SV1	Professional Service	O	1			Required
4000	SV5	Durable Medical Equipment Service	O	1			Situational
4200	PWK	Line Supplemental Information	O	10			Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1			Situational
4250	CR1	Ambulance Transport	O	1		N2/4250	Situational

		Information					
4350	CR3	Durable Medical Equipment Certification	O	1			Situational
4500	CRC	Ambulance Certification	O	3			Situational
4500	CRC	Hospice Employee Indicator	O	1			Situational
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1			Situational
4550	DTP	Date - Service Date	O	1			Required
4550	DTP	Date - Prescription Date	O	1			Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1			Situational
4550	DTP	Date - Begin Therapy Date	O	1			Situational
4550	DTP	Date - Last Certification Date	O	1			Situational
4550	DTP	Date - Last Seen Date	O	1			Situational
4550	DTP	Date - Test Date	O	2			Situational
4550	DTP	Date - Shipped Date	O	1			Situational
4550	DTP	Date - Last X-ray Date	O	1			Situational
4550	DTP	Date - Initial Treatment Date	O	1			Situational
4600	QTY	Ambulance Patient Count	O	1			Situational
4600	QTY	Obstetric Anesthesia Additional Units	O	1			Situational
4620	MEA	Test Result	O	5			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Mammography Certification Number	O	1			Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1			Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1			Situational
4700	REF	Immunization Batch Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4750	AMT	Postage Claimed Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4850	NTE	Line Note	O	1			Situational
4850	NTE	Third Party Organization Notes	O	1			Situational
4880	PS1	Purchased Service Information	O	1			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP ID - 2410					**1**	**N2/4930L**	
4930	LIN	Drug Identification	O	1		N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required
4950	REF	Prescription or Compound Drug Association Number	O	1			Situational
LOOP ID - 2420A					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational

5050	PRV	Rendering Provider Specialty Information	O	1			Situational
5250	REF	Rendering Provider Secondary Identification	O	20			Situational

LOOP ID - 2420B				**1**	**N2/5000L**		
5000	NM1	Purchased Service Provider Name	O	1		N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	O	20			Situational

LOOP ID - 2420C				**1**	**N2/5000L**		
5000	NM1	Service Facility Location	O	1		N2/5000	Situational
5140	N3	Service Facility Location Address	O	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	O	3			Situational

LOOP ID - 2420D				**1**	**N2/5000L**		
5000	NM1	Supervising Provider Name	O	1		N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	O	20			Situational

LOOP ID - 2420E				**1**	**N2/5000L**		
5000	NM1	Ordering Provider Name	O	1		N2/5000	Situational
5140	N3	Ordering Provider Address	O	1			Situational
5200	N4	Ordering Provider City, State, ZIP Code	O	1			Situational
5250	REF	Ordering Provider Secondary Identification	O	20			Situational
5300	PER	Ordering Provider Contact Information	O	1			Situational

LOOP ID - 2420F				**2**	**N2/5000L**		
5000	NM1	Referring Provider Name	O	1		N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20			Situational

LOOP ID - 2420G				**1**	**N2/5000L**		
5000	NM1	Ambulance Pick-up Location	O	1		N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	O	1			Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	O	1			Required

LOOP ID - 2420H				**1**	**N2/5000L**		
5000	NM1	Ambulance Drop-off Location	O	1		N2/5000	Situational
5140	N3	Ambulance Drop-off Location Address	O	1			Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1			Required

LOOP ID - 2430				**15**	**N2/5400L**		
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational

LOOP ID - 2440					>1	N2/5510L	
5510	LQ	Form Identification Code	O	1		N2/5510	Situational
5520	FRM	Supporting Documentation	M	99		N2/5520	Required

LOOP ID - 2000C					>1		
0010	HL	Patient Hierarchical Level	O	1			Situational
0070	PAT	Patient Information	O	1			Required

LOOP ID - 2010CA					1	N2/0150L	
0150	NM1	Patient Name	O	1		N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City, State, ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	O	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
0350	REF	Property and Casualty Patient Identifier	O	1			Situational
0400	PER	Property and Casualty Patient Contact Information	O	1			Situational

LOOP ID - 2300					100		
1300	CLM	Claim Information	O	1			Required
1350	DTP	Date - Onset of Current Illness or Symptom	O	1			Situational
1350	DTP	Date - Initial Treatment Date	O	1			Situational
1350	DTP	Date - Last Seen Date	O	1			Situational
1350	DTP	Date - Acute Manifestation	O	1			Situational
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Last Menstrual Period	O	1			Situational
1350	DTP	Date - Last X-ray Date	O	1			Situational
1350	DTP	Date - Hearing and Vision Prescription Date	O	1			Situational
1350	DTP	Date - Disability Dates	O	1			Situational
1350	DTP	Date - Last Worked	O	1			Situational
1350	DTP	Date - Authorized Return to Work	O	1			Situational
1350	DTP	Date - Admission	O	1			Situational
1350	DTP	Date - Discharge	O	1			Situational
1350	DTP	Date - Assumed and Relinquished Care Dates	O	2			Situational
1350	DTP	Property and Casualty Date of First Contact	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1			Situational
1800	REF	Mammography Certification Number	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational

1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		Situational
1800	REF	Repriced Claim Number	O	1		Situational
1800	REF	Adjusted Repriced Claim Number	O	1		Situational
1800	REF	Investigational Device Exemption Number	O	1		Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		Situational
1800	REF	Medical Record Number	O	1		Situational
1800	REF	Demonstration Project Identifier	O	1		Situational
1800	REF	Care Plan Oversight	O	1		Situational
1850	K3	File Information	O	10		Situational
1900	NTE	Claim Note	O	1		Situational
1950	CR1	Ambulance Transport Information	O	1	N2/1950	Situational
2000	CR2	Spinal Manipulation Service Information	O	1		Situational
2200	CRC	Ambulance Certification	O	3		Situational
2200	CRC	Patient Condition Information: Vision	O	3		Situational
2200	CRC	Homebound Indicator	O	1		Situational
2200	CRC	EPSDT Referral	O	1		Situational
2310	HI	Health Care Diagnosis Code	O	1		Required
2310	HI	Anesthesia Related Procedure	O	1		Situational
2310	HI	Condition Information	O	2		Situational
2410	HCP	Claim Pricing/Repricing Information	O	1		Situational
LOOP ID - 2310A				**2**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3		Situational
LOOP ID - 2310B				**1**	**N2/2500L**	
2500	NM1	Rendering Provider Name	O	1	N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1		Situational
2710	REF	Rendering Provider Secondary Identification	O	4		Situational
LOOP ID - 2310C				**1**	**N2/2500L**	
2500	NM1	Service Facility Location Name	O	1	N2/2500	Situational
2650	N3	Service Facility Location Address	O	1		Required
2700	N4	Service Facility Location City, State, ZIP Code	O	1		Required
2710	REF	Service Facility Location Secondary Identification	O	3		Situational
2750	PER	Service Facility Contact Information	O	1		Situational
LOOP ID - 2310D				**1**	**N2/2500L**	
2500	NM1	Supervising Provider Name	O	1	N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4		Situational

LOOP ID - 2310E					**1**	**N2/2500L**	
2500	NM1	Ambulance Pick-up Location	O	1		N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	O	1			Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	O	1			Required
LOOP ID - 2310F					**1**	**N2/2500L**	
2500	NM1	Ambulance Drop-off Location	O	1		N2/2500	Situational
2650	N3	Ambulance Drop-off Location Address	O	1			Required
2700	N4	Ambulance Drop-off Location City, State, Zip Code	O	1			Required
LOOP ID - 2320					**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City, State, ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Identification	O	1			Situational
LOOP ID - 2330B					**1**	**N2/3250L**	
3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State, ZIP Code	O	1			Situational
3500	DTP	Claim Check or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP ID - 2330C					**2**	**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required

LOOP ID - 2330D					**1**	**N2/3250L**	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3			Required
LOOP ID - 2330E					**1**	**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required
LOOP ID - 2330F					**1**	**N2/3250L**	
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3			Required
LOOP ID - 2330G					**1**	**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2			Required
LOOP ID - 2400					**50**	**N2/3650L**	
3650	LX	Service Line Number	O	1		N2/3650	Required
3700	SV1	Professional Service	O	1			Required
4000	SV5	Durable Medical Equipment Service	O	1			Situational
4200	PWK	Line Supplemental Information	O	10			Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1			Situational
4250	CR1	Ambulance Transport Information	O	1		N2/4250	Situational
4350	CR3	Durable Medical Equipment Certification	O	1			Situational
4500	CRC	Ambulance Certification	O	3			Situational
4500	CRC	Hospice Employee Indicator	O	1			Situational
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1			Situational
4550	DTP	Date - Service Date	O	1			Required
4550	DTP	Date - Prescription Date	O	1			Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1			Situational
4550	DTP	Date - Begin Therapy Date	O	1			Situational
4550	DTP	Date - Last Certification Date	O	1			Situational
4550	DTP	Date - Last Seen Date	O	1			Situational
4550	DTP	Date - Test Date	O	2			Situational
4550	DTP	Date - Shipped Date	O	1			Situational
4550	DTP	Date - Last X-ray Date	O	1			Situational
4550	DTP	Date - Initial Treatment Date	O	1			Situational
4600	QTY	Ambulance Patient Count	O	1			Situational
4600	QTY	Obstetric Anesthesia Additional Units	O	1			Situational

4620	MEA	Test Result	O	5			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Mammography Certification Number	O	1			Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1			Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1			Situational
4700	REF	Immunization Batch Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4750	AMT	Postage Claimed Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4850	NTE	Line Note	O	1			Situational
4850	NTE	Third Party Organization Notes	O	1			Situational
4880	PS1	Purchased Service Information	O	1			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP ID - 2410					**1**	**N2/4930L**	
4930	LIN	Drug Identification	O	1		N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required
4950	REF	Prescription or Compound Drug Association Number	O	1			Situational
LOOP ID - 2420A					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1			Situational
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP ID - 2420B					**1**	**N2/5000L**	
5000	NM1	Purchased Service Provider Name	O	1		N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	O	20			Situational
LOOP ID - 2420C					**1**	**N2/5000L**	
5000	NM1	Service Facility Location	O	1		N2/5000	Situational
5140	N3	Service Facility Location Address	O	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	O	3			Situational
LOOP ID - 2420D					**1**	**N2/5000L**	
5000	NM1	Supervising Provider Name	O	1		N2/5000	Situational
5250	REF	Supervising Provider	O	20			Situational

Secondary Identification

LOOP ID - 2420E				**1**	**N2/5000L**		
5000	NM1	Ordering Provider Name	O	1	N2/5000		Situational
5140	N3	Ordering Provider Address	O	1			Situational
5200	N4	Ordering Provider City, State, ZIP Code	O	1			Situational
5250	REF	Ordering Provider Secondary Identification	O	20			Situational
5300	PER	Ordering Provider Contact Information	O	1			Situational
LOOP ID - 2420F				**2**	**N2/5000L**		
5000	NM1	Referring Provider Name	O	1	N2/5000		Situational
5250	REF	Referring Provider Secondary Identification	O	20			Situational
LOOP ID - 2420G				**1**	**N2/5000L**		
5000	NM1	Ambulance Pick-up Location	O	1	N2/5000		Situational
5140	N3	Ambulance Pick-up Location Address	O	1			Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	O	1			Required
LOOP ID - 2420H				**1**	**N2/5000L**		
5000	NM1	Ambulance Drop-off Location	O	1	N2/5000		Situational
5140	N3	Ambulance Drop-off Location Address	O	1			Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1			Required
LOOP ID - 2430				**15**	**N2/5400L**		
5400	SVD	Line Adjudication Information	O	1	N2/5400		Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational
LOOP ID - 2440				**>1**	**N2/5510L**		
5510	LQ	Form Identification Code	O	1	N2/5510		Situational
5520	FRM	Supporting Documentation	M	99	N2/5520		Required
5550	SE	Transaction Set Trailer	M	1			Required

Not Defined:

Pos	**Id**	**Segment Name**	**Req**	**Max Use**	**Repeat**	**Notes**	**Usage**
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

ISA   Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code identifying the type of information in the Authorization Information
TennCare Notes: *Preferred value is '00'*

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
03	Additional Data Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code identifying the type of information in the Security Information
TennCare Notes: *Preferred value is '00'*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified
TennCare Notes: *Preferred value is 'ZZ'*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element
TennCare Notes: *This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified

TennCare Notes: *Preferred value is 'ZZ'*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

TennCare Notes: *It will be TennCare's ID '626001445TC' for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound Transactions.*

ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender

TennCare Notes: *System generated.*

ISA15	I14	**Interchange Usage Indicator**	M	ID	1/1	Required

Description: Code indicating whether data enclosed by this interchange envelope is test, production or information

TennCare Notes: *Use 'T' for Test Transactions and 'P' for Production Transactions.*

Code	Name
P	Production Data
T	Test Data

GS   Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required
Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required

Description: Code identifying party sending transmission; codes agreed to by trading partners
TennCare Notes: *Same as ISA06.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required

Description: Code identifying party receiving transmission; codes agreed to by trading partners
TennCare Notes: *Same as ISA08*

ST   Transaction Set Header

Pos: 0050	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required
Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
TennCare Notes: *Unique number assigned by sender. Must be identical to SE02.*

BHT   Beginning of Hierarchical Transaction

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT03	127	**Reference Identification**	O	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
TennCare Notes: *Batch Control #*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT04	373	**Date**	O	DT	8/8	Required

Description: Date expressed as CCYYMMDD where CC represents the first two digits of the

calendar year
TennCare Notes: *CCYYMMDD*

BHT06	640	**Transaction Type Code**	O	ID	2/2	Required

Description: Code specifying the type of transaction

Cross Over Notes:
Error Message: BHT06 code Invalid. Valid Transaction Type Code for Tenncare is 'CH'.
Detail: Valid Transaction Type Code for Tenncare is 'CH'.

Code	Name
31	Subrogation Demand
CH	Chargeable
RP	Reporting

NM1 Submitter Name

Pos: 0200   Max: 1
Heading - Optional
Loop: 1000A   Elements: 7

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code
TennCare Notes: *This value will be the Trading Partner ID/Submitter ID. Same as ISA06.*

NM1 Receiver Name

Pos: 0200   Max: 1
Heading - Optional
Loop: 1000B   Elements: 5

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required

Description: Individual last name or organizational name
TennCare Notes: *TENNCARE*

NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code
TennCare Notes: *Receiver Code. Same as ISA08.*

NM1 — Billing Provider Name

				Pos: 0150	Max: 1
				Detail - Optional	
				Loop: 2010AA	Elements: 8

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code

Cross Over Notes:
Error Message: Tenncare requires Billing Provider NPI to be present on all transactions.
Detail: Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

NM1 — Pay-to Address Name

				Pos: 0150	Max: 1
				Detail - Optional	
				Loop: 2010AB	Elements: 2

User Option (Usage): Situational
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

TennCare Notes: *Pay-to provider can be sent sometimes on TennCare.*

Code	Name
87	Pay-to Provider

SBR — Subscriber Information

				Pos: 0050	Max: 1
				Detail - Optional	
				Loop: 2000B	Elements: 6

User Option (Usage): Required
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Situational

Description: Code indicating the relationship between two individuals or entities

TennCare Notes: *18 =Self. Specifies that the subscriber is the patient. The value shall be blank for the patient information to come in the dependent loop.*

Code	Name
18	Self

SBR05	1336	**Insurance Type Code**	O	ID	1/3	Situational

Description: Code identifying the type of insurance policy within a specific insurance program

TennCare Notes: *Tenncare currently uses its subscriber number to reference any insurance type information housed in its own files*

Code	Name
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

NM1   Subscriber Name

Pos: 0150	**Max: 1**
Detail - Optional	
Loop: 2010BA	**Elements: 8**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code

Medicare Advantage Notes:
Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.
Detail: 2010BA NM109 where NM108=MI (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11.

NM1   Payer Name

Pos: 0150	**Max: 1**
Detail - Optional	
Loop: 2010BB	**Elements: 5**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required

Description: Individual last name or

organizational name
TennCare Notes: *TENNCARE*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)
TennCare Notes: *'PI' should be used.*

Code	Name
PI	Payor Identification
XV	Centers for Medicare and Medicaid Services PlanID

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

Description: Code identifying a party or other code
TennCare Notes: *'626001445'*

CLM Claim Information

Pos: 1300	**Max: 1**
Detail - Optional	
Loop: 2300	**Elements: 11**

User Option (Usage): Required
Purpose: To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM02	782	**Monetary Amount**	O	R	1/18	Required

Description: Monetary amount
TennCare Notes: *Total Billed Amount.*

NM1 Rendering Provider Name

Pos: 2500	**Max: 1**
Detail - Optional	
Loop: 2310B	**Elements: 8**

User Option (Usage): Situational
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
TennCare Notes: *This segment is required when NM1 info. is different than carried at 2010AA Billing Provider NM1Loop.*

Code	Name
82	Rendering Provider

SBR   **Other Subscriber Information**

Pos: 2900	**Max: 1**
Detail - Optional	
Loop: 2320	**Elements: 6**

User Option (Usage): Situational
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities
TennCare Notes: *18 or a 19 for a sick child. Translator won't fail if not 18 or 19. But MMIS will set an edit.*

Code	Name
01	Spouse
18	Self
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational

Description: Code identifying type of claim
Cross Over Notes:
Error Message: *Claim Filing Indicator code (SBR09) is Invalid. "MB" should be used.*
Detail: *Claim Filing Indicator code is Invalid. "MB" should be used on Cross over and Medicare Advantage claims.*

Code	Name
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V

VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

SV1   Professional Service

Pos: 3700	**Max: 1**
Detail - Optional	
Loop: 2400	**Elements: 10**

User Option (Usage): Required
Purpose: To specify the service line item detail for a health care professional

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SV102	782	**Monetary Amount**	O	R	1/18	Required

Description: Monetary amount
TennCare Notes: *Line Level Billed Amount.*

NM1   Rendering Provider Name

Pos: 5000	**Max: 1**
Detail - Optional	
Loop: 2420A	**Elements: 8**

User Option (Usage): Situational
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an
organizational entity, a physical location,
property or an individual
TennCare Notes: *This segment is required
when NM1 info. is different than NM1 info.
carried at 2010AA Billing Provider or 2310B
Rendering Provider Loop.*

Code	Name
82	Rendering Provider

SVD   Line Adjudication Information

Pos: 5400	**Max: 1**
Detail - Optional	
Loop: 2430	**Elements: 5**

User Option (Usage): Situational
Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
TennCare Notes: *Medicare Paid Amount.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD05	380	**Quantity**	O	R	1/15	Required

Description: Numeric value of quantity
TennCare Notes:
-999,999.99<=values>=999,999.99

PAT Patient Information

Pos: 0070	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 6

User Option (Usage): Required
Purpose: To supply patient information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PAT01	1069	**Individual Relationship Code**	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

TennCare Notes: *In TennCare, the only non-subscriber patient (dependant) allowed is a new born of less than 30 days old. The patient info is in 2010 CA. In MMIS, there will be an edit to fail if the value is other than 19. Translator will not fail for any valid values. Patient information will be stored in t_clm_entity tables similar to subscriber information. EDI will map "BABY" in the Last Name and either "G" or "B" (girl/boy) in the first name.*

Code	Name
01	Spouse
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship

NM1 Patient Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 6

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

TennCare Notes: *Loop 2000CA when newborns are reported under mother's SSN.*

Code	Name
QC	Patient

DMG Patient Demographic Information

Pos: 0320	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 3

User Option (Usage): Required
Purpose: To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG02	1251	**Date Time Period**	X	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
TennCare Notes: *Newborn's DOB*

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required
Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE02	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender
TennCare Notes: *Same as GS06.*

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender
TennCare Notes: *Same as ISA13.*